

Glenside Manor Healthcare Services Limited

Glenside Farnborough

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Glenside Farnborough is a care home providing personal care to up to 22 people who may be living with an acquired brain injury. At the time of inspection, the service was supporting 17 people. The home accommodates people in one adapted building.

People's experience of using this service and what we found

Medicines administration was not always managed safely. The manager put safety measures in place while we were inspecting to minimise potential risk to people.

Staff understood signs of possible abuse and how to raise concerns if needed. The manager and senior staff understood their responsibilities in relation to safeguarding. Risks to people were assessed and understood by staff. People were supported by staff who had undergone appropriate recruitment checks

There were systems in place to monitor and improve the service, however these still required further improvements. The manager had been in the service four months and made many improvements to date.

We received positive feedback about the management of the service from relatives and staff. The manager promoted a positive, open and honest culture within the service and understood their regulatory responsibilities. The service worked well with other agencies to get the best outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 22 February 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, though some improvements had been made, enough improvement had not been made/sustained and the provider was still in breach of one regulation.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 17 December 2018. Three breaches of legal requirements were found relating to safe care and treatment, good governance and fit and proper persons employed. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those Key Questions were not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Glenside Farnborough on our website at www.cqc.org.uk.

Enforcement

We have identified one continued breach in relation to safe care and treatment at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The serviced was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Glenside Farnborough

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and a specialist advisor who specialised in medicines management and administration.

Service and service type

Glenside Farnborough is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The service had recruited a manager who had applied for registration, who will be referred to in this report as 'the manager'.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we held about the service, for example, notifications. A notification is information about important events which the provider is required to tell us about by law. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two relatives of people who used the service about their experience of the care provided. We spoke with three members of staff, the manager and the regional manager. We observed staff and people's care.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records. We gained feedback from one professional who regularly visited the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to ensure that medicines were managed safely and that safety checks were carried out on the premises. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of Regulation 12.

- Medicines administration was not always safe. Staff were seen to pre-prepare multiple people's medicines and leave some in the trolley in pots instead of preparing one at a time. This increased the risk of medicines errors.
- One staff member was administering medicines without training through a percutaneous endoscopic gastroscopy (PEG). A PEG is a tube that is inserted into a person's stomach to give either food, fluid or medicines through. This increased the risk of errors.
- A medicines error occurred during the inspection due to staff being distracted when taking a person's medicines to them. There was no impact or harm to the person.
- Not all staff had completed competency checks in buccal midazolam. Buccal midazolam is a rescue medicine to help bring a person out of a prolonged seizure and should not be administered by staff without training. This meant that there could be times where there were no staff trained in buccal midazolam on shift if this was needed.
- Guidance for staff regarding people's medicines in their support plans was not always clear which increased the risk of errors.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate people's medicines were safely managed. This placed people at risk of harm. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately to reduce risks to people and provided further information about actions they had taken after the inspection. They confirmed that one staff member was not administering medicines until they had refresher training in medicines administration. Staff were booked on training for

administering medicines through a PEG and competency checks were carried out. The manager told us that the training for buccal midazolam would be completed and that there would be a member of staff trained in administering it on shift at all times. The manager was also reviewing people's support plans to include clear guidance on administering medicines.

Staffing and recruitment

At our last inspection the provider had failed to ensure that required recruitment checks were carried out on staff. This was a breach of Regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 19.

Staffing and recruitment

- The provider's recruitment process was robust, and included the necessary recorded checks that showed candidates were suitable to work in the care sector.
- There were sufficient numbers of suitable staff to support people safely according to their needs. The use of agency staff had reduced significantly and, where possible, the manager ensured the agency staff were consistent so they knew people well.
- Relatives and staff we spoke with told us staffing had improved. One relative told us, "I used to go home crying as I didn't want to leave [Loved one] there. Now I can relax, he is safe."

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of the risks of abuse, the signs to look out for, and how to report any concerns should they have any. Staff told us they felt confident any safeguarding concerns would be dealt with effectively.
- The provider had been working with the local authority and other agencies to improve the management of safeguarding concerns.

Assessing risk, safety monitoring and management

- People had comprehensive risk assessments in place to manage risks such as the risk of malnutrition. Risk assessments had detailed information for staff to follow to minimise risks.
- Environmental checks had improved and were carried out to ensure people were safe in the premises.
- The provider had a business continuity plan to manage risks such as bad weather, or large numbers of staff going sick.

Preventing and controlling infection

- The provider had processes in place to reduce the risk of the spread of infection. There were reasonable steps in place to protect people from the risk of acquiring an infection.
- Staff had access to hand gel, disposable gloves and aprons. The provider checked the use of this equipment on spot checks and we noted throughout the inspection that staff were using these.
- Staff received training in infection control and food hygiene.

Learning lessons when things go wrong

- The management team reviewed all safeguarding reports to identify lessons and improvements to people's care.
- Incidents were logged and included details of the type of incident, who was involved and any actions taken.

- Where accidents and incidents happened, the management team reviewed them and learnt from them. For example, following an incident, the fire alarm procedure was updated. This was then discussed in staff meetings to ensure everyone knew the changes that had been implemented.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to be carrying out robust quality assurance checks to identify improvements needed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvement had been made and the provider was no longer in breach of regulation 17.

- There was not a registered manager at the service. However, the home manager was in the process of registering with CQC.
- Quality assurance processes had improved since our last inspection and the new management team had put new processes in place to monitor and improve the service, however these had not identified the issues with medicines administration or the training gaps in that area identified on this inspection. Therefore, further improvements were needed in this area.
- The home reported any necessary incidents and safeguarding concerns to the relevant authorities and to CQC in line with regulatory requirements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives and staff consistently told us the service was well-led and that it had improved greatly since the new manager started. One staff member told us, "Lots of improvements have been made since the new manager started." One relative told us, "This place has gone from strength to strength since [managers name] started here. [managers name] had a cream cake put in her face for charity the other week."
- The manager had an open-door policy, so staff could seek support at any time.
- Staff told us how they could share ideas for improvements to the service with the manager. This could be in meetings, supervisions or just going in to the office to discuss their thoughts. One staff member told us, "When I make suggestions of change I know now it will happen for example, suggesting training."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The manager was aware of their responsibilities in relation to the duty of candour and had acted with openness, transparency and candour when things had gone wrong.
- The manager told us that they only provided care for people whose needs they could meet. This helped to reduce incidents as staff were skilled to provide the support people required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- In addition to day-to-day contact with people who used the service, quality assurance surveys were given to people and relatives to gain feedback to improve the service. Improvements had been made in response to feedback. For example, an activities co-ordinator was being recruited. The questionnaire highlighted that not all people knew the complaints procedure, this had since been displayed in communal areas.
- Residents meetings were held so people who use the service could discuss and request changes.
- The service encouraged links with the community. The manager had held events to raise money for charities.

Continuous learning and improving care

- The management team had a service improvement plan which reflected required actions from audits, quality assurance processes and feedback.
- Open actions had a target completion date and identified the staff member responsible for them. We noted this system had been effective in driving some improvements. However, these did not include the improvements still needed, such as medicines administration and training.

Working in partnership with others

- The provider worked in partnership with the local authority and other agencies such as community nurses, specialist nurses, GPs, commissioners, pharmacies and specialist healthcare providers such as dieticians to ensure people's needs were met.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not being administered safely. Some staff did not have adequate training to administer medicines through a PEG. Epilepsy rescue medicines training had not been completed by all staff.